

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 12/20/2005

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

|  |  |                                 |
|--|--|---------------------------------|
| <b>Offender Name :</b> LINDSEY, GERRON M | <b>SBI# :</b> 00326202   | <b>Institution :</b> DCC        |
| <b>Grievance # :</b> 7796                | <b>Grievance Date :</b> 10/12/2004                               | <b>Category :</b> Individual    |
| <b>Status :</b> Resolved                 | <b>Resolution Status :</b> Level 3                               | <b>Resol. Date :</b> 06/29/2005 |
| <b>Grievance Type:</b> Medical Staff     | <b>Incident Date :</b> 10/09/2004                                | <b>Incident Time :</b> 12:00    |
| <b>IGC :</b> Merson, Lise M              | <b>Housing Location :</b> Bldg 19, Upper, Tier B, Cell 9, Single |                                 |

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** For the past 3 days I had pepper spray on my skin and in my hair. I was given a rag which only made it burn worst. For 3 days I had to go through pain & Suffering with this stuff on me. No one from medical did nothing to treat it. I told Dr. Rogers also and she refused to give me any treatment.

**Remedy Requested :** Investigate by medical supervisor

**INDIVIDUALS INVOLVED**

| Type | SBI # | Name |
|------|-------|------|
|------|-------|------|

**ADDITIONAL GRIEVANCE INFORMATION**

|  |   |
|--|---|
| <b>Medical Grievance :</b> YES         | <b>Date Received by Medical Unit :</b> 10/18/2004 |
| <b>Investigation Sent :</b> 10/18/2004 | <b>Investigation Sent To :</b> Wolken, Gina       |
| <b>Grievance Amount :</b>              |   |

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## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

|  |  |                              |
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| <b>Offender Name :</b> LINDSEY, GERRON M | <b>SBI# :</b> 00328202   | <b>Institution :</b> DCC     |
| <b>Grievance # :</b> 7796                | <b>Grievance Date :</b> 10/12/2004                               | <b>Category :</b> Individual |
| <b>Status :</b> Resolved                 | <b>Resolution Status:</b> Level 3                                | <b>Inmate Status :</b>       |
| <b>Grievance Type:</b> Medical Staff     | <b>Incident Date :</b> 10/09/2004                                | <b>Incident Time :</b> 12:00 |
| <b>IGC :</b> Merson, Lise M              | <b>Housing Location :</b> Bldg 19, Upper, Tier B, Cell 9, Single |                              |

### INFORMAL RESOLUTION

|  |                                    |
|--|------------------------------------|
| <b>Investigator Name :</b> Wolken, Gina  | <b>Date of Report :</b> 10/18/2004 |
| <b>Investigation Report :</b> Medical does not treat the cap stun, medical only treats if you have injuries after the cap stun and make sure your vital signs are stable<br>Refused to sign. |                                    |
| <b>Reason for Referring:</b>   |                                    |

**Offender's Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Witness (Officer) :** \_\_\_\_\_

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## GRIEVANCE INFORMATION - IGC

### OFFENDER GRIEVANCE INFORMATION

|                                   |   |                       |
|-----------------------------------|---|-----------------------|
| Offender Name : LINDSEY, GERRON M | SBI# : 00326202   | Institution : DCC     |
| Grievance # : 7796                | Grievance Date : 10/12/2004                               | Category : Individual |
| Status : Resolved                 | Resolution Status : Level 3                               | Inmate Status :       |
| Grievance Type: Medical Staff     | Incident Date : 10/09/2004                                | Incident Time : 12:00 |
| IGC : Merson, Lise M              | Housing Location : Bldg 19, Upper, Tier B, Cell 9, Single |                       |

### IGC

Medical Provider:

Date Assigned

Comments:

☒ Forward to MGC

☐ Warden Notified

☐ Forward to RGC

Date Forwarded to RGC/MGC : 11/09/2004

☐ Offender Signature Captured

Date Offender Signed :

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## GRIEVANCE INFORMATION - Appeal

### OFFENDER GRIEVANCE INFORMATION

|  |  |                              |
|--|--|------------------------------|
| <b>Offender Name :</b> LINDSEY, GERRON M | <b>SBI# :</b> 00326202   | <b>Institution :</b> DCC     |
| <b>Grievance # :</b> 7796                | <b>Grievance Date :</b> 10/12/2004                               | <b>Category :</b> Individual |
| <b>Status :</b> Resolved                 | <b>Resolution Status :</b> Level 3                               | <b>Inmate Status :</b>       |
| <b>Grievance Type:</b> Medical Staff     | <b>Incident Date :</b> 10/09/2004                                | <b>Incident Time :</b> 12:00 |
| <b>IGC :</b> Merson, Lise M              | <b>Housing Location :</b> Bldg 19, Upper, Tier B, Cell 9, Single |                              |

### APPEAL REQUEST

No appeal returned

### REMEDY REQUEST

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## GRIEVANCE INFORMATION - BGO

### OFFENDER GRIEVANCE INFORMATION

|  |  |                              |
|--|--|------------------------------|
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| <b>Grievance # :</b> 7796                | <b>Grievance Date :</b> 10/12/2004                               | <b>Category :</b> Individual |
| <b>Status :</b> Resolved                 | <b>Resolution Status :</b> Level 3                               | <b>Inmate Status :</b>       |
| <b>Grievance Type:</b> Medical Staff     | <b>Incident Date :</b> 10/09/2004                                | <b>Incident Time :</b> 12:00 |
| <b>IGC :</b> Merson, Lise M              | <b>Housing Location :</b> Bldg 19, Upper, Tier B, Cell 9, Single |                              |

### REFERRED TO

|  |                     |              |
|--|---------------------|--------------|
| <b>Due Date :</b>                      | <b>Referred to:</b> | <b>Name:</b> |
| <b>Type of Information Requested :</b> |                     |              |

### DECISION

|   |                    |
|---|--------------------|
| <b>Date Received :</b> 02/22/2005   |                    |
| <b>Decision Date :</b> 03/17/2005   | <b>Vote :</b> Deny |
| <b>Comments :</b>   |                    |
| FCM determined that your vital signs were stable and that you sustained no injuries as a result of the cap stun incident. |                    |

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## GRIEVANCE INFORMATION - Bureau Chief

| OFFENDER GRIEVANCE INFORMATION   |   |  |
|--|---|--|
| <b>Offender Name :</b> LINDSEY, GERRON M<br><b>Grievance # :</b> 7798<br><b>Status :</b> Resolved<br><b>Grievance Type:</b> Medical Staff<br><b>IGC :</b> Merson, Lise M | <b>SBI# :</b> 00326202<br><b>Grievance Date :</b> 10/12/2004<br><b>Resolution Status :</b> Level 3<br><b>Incident Date :</b> 10/09/2004<br><b>Housing Location :</b> Bldg 19, Upper, Tier B, Cell 9, Single | <b>Institution :</b> DCC<br><b>Category :</b> Individual<br><b>Inmate Status :</b><br><b>Incident Time :</b> 12:00 |
| <b>DECISION</b>  |   |  |
| <b>Decision Date:</b> 06/23/2005 <b>Vote :</b> Deny  |   |  |
| <b>Comments :</b><br>I concur with the recommendation of the BGO   |   |  |

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**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

|  |  |                              |
|--|--|------------------------------|
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| <b>Grievance # :</b> 7796                | <b>Grievance Date :</b> 10/12/2004                               | <b>Category :</b> Individual |
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| <b>Grievance Type:</b> Medical Staff     | <b>Incident Date :</b> 10/09/2004                                | <b>Incident Time :</b> 12:00 |
| <b>IGC :</b> Merson, Lise M              | <b>Housing Location :</b> Bldg 19, Upper, Tier B, Cell 9, Single |                              |

**MGC****Date Received :** 11/09/2004**Date of Recommendation:** 02/18/2005**GRIEVANCE COMMITTEE MEMBERS**

| Person Type | SBI # | Name              | Vote    |
|-------------|-------|-------------------|---------|
| Staff       |       | Rickards, Suesann | Deny    |
| Staff       |       | McEntire, Jeremy  | Deny    |
| Staff       |       | Branch, Adriene   | Deny    |
| Staff       |       | Merson, Lise M    | Abstain |

**VOTE COUNT****Uphold :** 0**Deny :** 3**Abstain :** 1**TIE BREAKER**

| Person Type | SBI # | Name | Vote |
|-------------|-------|------|------|
|-------------|-------|------|------|

**RECOMMENDATION**

Hearing held 2/15/05. Medical assess for injuries we do not remove the pepper spray.  
 appeal form provided.